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|  | | Oregon State Hospital Legal Affairs Department  2600 Center Street NE  Salem, OR 97301 | | | |
| Licensed Psychologist Supplement | | | | | |
| Please describe your experience as a psychologist and clinical experience in a forensic setting. | | | | | |
| Facility | Address | | | Dates From To | |
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| Please give a brief description of the services provided at your current place of employment and what attorney requested evaluations you are expected to do in that setting.     Please describe any previous forensic experience. Have you conducted attorney requested evaluations in Oregon for competency or criminal responsibility? What kind and approximately how many? When and where? | | | | | |
| Signature of Applicant: | | | | Date: Click here to enter a date. | |
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